PATENT APPLICATION FEE DETERMINATION RECO										Application or Docket Number					
l	PAIENT	ICATIL Effectiv	on FEE D e Decem	RD											
┝				<u> </u>	09/641866										
CLAIMS AS FILED - PART I (Column 1) (Column 2)											ENTITY			R THAN	
FOR NUMBER FILED NUMBER EXTRA							ı	TYP			OR T		ENTITY		
BASIC FEE						त्रम् इतिकासीकृष्टक्ष <b>ा</b> स्टब्स्ट कोटलन् कृष्ट			RATE		FEE	-	RATE	FEE	
TOTAL CLAIMS			// minus 20=						33 Add	2	345.00	OR		690.00	
			16			<del> </del>			X\$ 9:	-		OR	X\$18=		
_	DEPENDENT C			minus	3 =	:			X39=		·	OR	X78=		
M	MULTIPLE DEPENDENT CLAIM PRESENT														
• 1	* If the difference in column 1 is less than zero, enter *0" in column 2											OA			
	CLAIMS AS AMENDED - PART II										34500	OR	TOTAL		
_	(Column 1) (Column 2) (Column 3)							_	SMAL	LE	NTITY	OR	SMALL		
<b>AMENDMENT A</b>	De Sier Augusta	1	AINING TER			HIGHEST NUMBER REVIOUSLY	PRESENT		RATE	П	ADDI-			ADDI-	
		AME		1.10		PAID FOR	EXTRA		TAIL		TIONAL FEE		RATE	TIONAL FEE	
	Total Independent	•	43	Minus		20	- 23		X\$ 9≈		207	OR	X\$18=		
	FIRST PRESE	NTATIC	ON OF MI	Minus ULTIPLE DE	PENC		1 3		X39=		126	OR	X78=		
									+130=			OR	+260=		
									TOTA		3/3	OR	YOYAL ADDIT, FEE		
lacksquare	(Column 1) (Column 2) (Column 3)												ADON. PEE		
AMENDMENT B		REM	AINING TER			HIGHEST NUMBER	PRESENT	lΓ	0.75	T	ADDI-			ADDI-	
		AMEN	DMENT	46.00		REVIOUSLY PAID FOR	EXTRA		RATE		TIONAL FEE		RATE	TIONAL FEE /	
	Total	.3	4_	Minus		43	=	Г	X\$ 9=	T	7	OR	X\$18=		
	Independent	. (	2	Minus	•••	10	=/	t	X39=	†	7	OR	X78=		
	FIRST PRESE	MIAIIC	IN CH MI	DETIPLE DET	PEND	ENT CLAIM		ŀ		†	/	Un		/	
		Si	-SI 4	À IIAV	ðĹ	E CO	PY	L	+130=	_//		OR	+260=		
	BEST AVAILABLE COPY											OR	TOTAL ADDIT. FEE		
	lovek nik i i i i i i i i i i i i i i i i i	(Colu	imn 1) NMS			olumn 2) IIGH2S7	(Column 3)	_							
AMENDMENT C		AF	AINING TER DMENT		PA	NUMBER EVIOUSLY	PRESENT EXTRA		RATE		ADDI- IONAL		RATE	ADDI- TIONAL	
	Total		11-	Minus	••	AID FOR	=	H		╀	FEE			FEE	
	Independent	•	(a)	Minus	•••	<del>57</del>	=	L	X\$ 9=	1	_/_	OA	X\$18=		
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							L	X39=			OR	X78=		
If the entry in column 1 is less than the entry in column 2, write "O' in column 3.  1 the Triphest Number Previously Part For IN THIS SPACE Is the column 3.												+260-	7		
												4			
	I the "Highest Num The "Highest Num							AC	DIT. FEE	L		OR A	DOM SEE		
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